

(Provider's name and address)

CERTIFICATE OF COMPLETION

LICENSEE'S NAME:				LICENSE NUMBER:	
ACTIVITY TITLE:				DATE OF ACTIVITY:	
ACTIVITY NUMBER:	EDUCATIONAL ACTIVITY:	HOURS ATTENDED:	HOURS EARNED:	BRANCH:	TECHNICAL/GENERAL

THIS IS TO CERTIFY THAT THE ABOVE NAMED LICENSEE HAS
SUCCESSFULLY COMPLETED THE ABOVE NUMBERED ACTIVITY.

INSTRUCTOR'S SIGNATURE

NOTE: The above hours are approved for Structural Pest Control Board license renewal.
MAKE A COPY OF THIS CERTIFICATE & ATTACH IT TO YOUR LICNESE
RENEWAL FORM. Original continuing education certificates are subject to Board
audit and should be RETAINED by you for three years